

BACKGROUND & OBJECTIVES

On March 11, 2020, the World Health Organization (WHO) declared the COVID-19 coronavirus outbreak a pandemic. This resulted in an unprecedented health and socio-economic emergency that exacerbated existing vulnerabilities among nearly 3 million¹ Venezuelan migrants in Colombia, Peru and Ecuador, fleeing their country following the political and economic crisis.

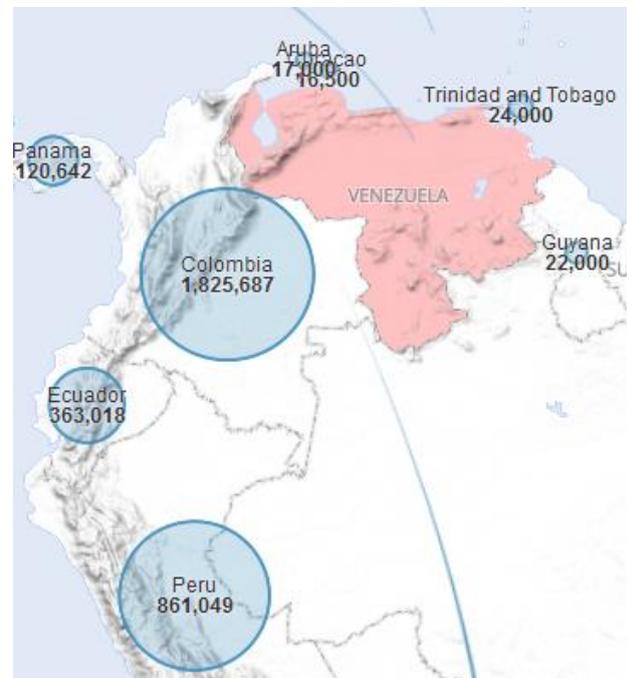
The socio-economic status, the lack of financial resources and cultural barriers are only few factors impacting migrants' ability to cope with this emergency and a growing inequality is likely to exacerbate, pushing millions of migrants towards a silent pandemic of poverty and food insecurity.

It is, therefore, critical to monitor how the situation changes over time and how COVID-19 is affecting the lives of millions of Venezuelan migrants in Colombia, Ecuador and Peru. To achieve this goal and inform a rapid and effective response, WFP Regional Bureau in Panama (RBP), by leveraging an increased internet coverage² among migrants, implemented a web-based survey using a patented Random Domain Intercept Technology (RDIT™)³ to collect real-time information from Venezuelan migrants.

The survey consisted of both close-ended and open-ended questions, allowing for a complementary quantitative and qualitative analysis at the individual level. Moreover, being this study a follow-up of two previous researches⁴ conducted in [June 2019](#) and [February 2020](#) using the same methodology, one of the primary objectives is to monitor trends overtime and assess the impact of COVID-19 on migrants' ability to meet their food and other essential needs.

A total of 959 Venezuelan migrants⁵ were surveyed in the three countries, during 23 days of data collection.

Figure 1: Presence of Venezuelan migrants/refugees in Colombia, Ecuador and Peru (May 2020)




959
MIGRANTS

Colombia: **314**
Ecuador: **310**
Peru: **335**



23
days of data collection

¹ RAVPlataforma de Coordinación para Refugiados y Migrantes de Venezuela (May 2020)

² World Bank, individuals using internet (% of population), 2017-2018. <https://data.worldbank.org/indicator/IT.NET.USER.ZS>

³ Detailed information regarding RDIT can be found on the service provider's website: RIWI Corporation <https://riwi.com/>

⁴ [The Migration Pulse – Venezuelan Migrants in Colombia, Perú and Ecuador \(June 2019\)](#)

[Migration Pulse Remote Assessment - Venezuelan Migrants and Host communities in Colombia, Ecuador and Peru \(February 2020\)](#)

⁵ Only migrants who left Venezuela since 2017 were considered.

PROFILE OF SURVEY RESPONDENTS

The survey reached both male (59%) and female (41%) Venezuelan migrants across all age groups⁶. Data show an increase of females participating to the interview compared to the previous rounds (36%). Colombia reported the highest share of female respondents (46%) followed by Ecuador (41%) and Peru (36%). Respondents have an average age of 31 years old.

Figure 2: Year of departure from Venezuela by host country

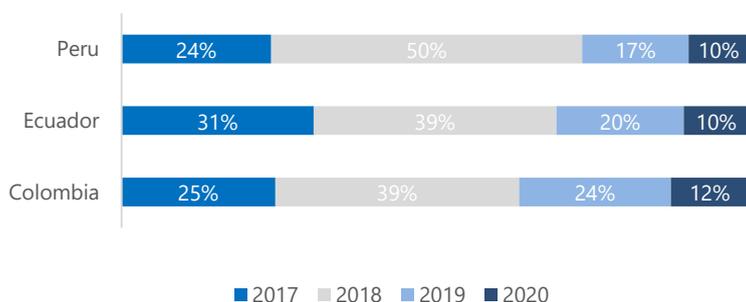
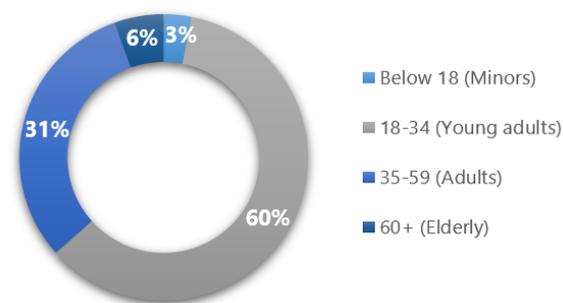


Figure 3: Respondents' age categories



Responses originated mainly from large cities (51%) or peri-urban (37%) areas, and 12% from rural settings.

In terms of level of education, data are consistent with the previous rounds of data collection. The majority (54%) reported secondary school (31%) or vocational training (23%) as the highest level achieved. Around one in four (24%) completed university, with a significantly higher share among female respondents. The remaining have either primary school (13%) or no formal education (9%).

Overall, 29% of respondents reported living alone, with Peru showing the highest share (34%). Those who reported living alone are males in 33,5% of the cases, compared to 22% for females. Conversely, female respondents show a higher likelihood to live alone with children (18%) compared to males (10%). Overall, 34% lives with at least one child.

MARKETS

One of the main objectives of the study was to assess to what extent markets were impacted by COVID-19 and how preventive measures, such as the lockdown and the closure of businesses, could have affected food availability and migrants' access to markets.

Figure 4: Are basic food commodities currently available in shops/markets?

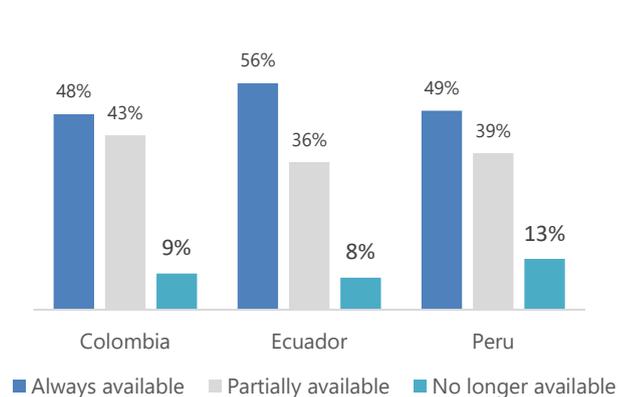
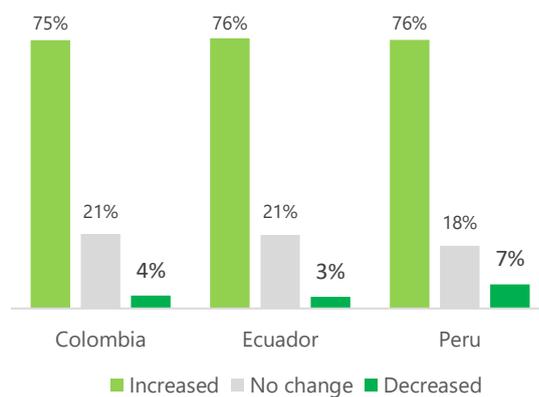


Figure 5: Have there been any changes in the costs of food commodities?



The majority of respondents (51%) claimed that food is always available, with the highest share being found in Ecuador (Figure 4). An additional 39% reported only a partial availability, while a migrant in ten (10%) claimed that food is no longer available. Rural areas show significantly lower availability of food commodities (35%) compared to urban settings (53%).

The emergency also entailed a remarkable impact on food price levels. Overall, 76% reported a general increase in food prices compared to before the pandemic, with no major differences between the three countries. (Figure 5).

⁶ One of the key limitations of this methodology is that only those with internet access can be selected to participate in the survey, which is generally associated to a lower level of vulnerability. In addition, this methodology reaches a higher proportion of youth respondents and mainly from urban/peri-urban areas.

The higher levels of prices are felt homogenously across the three countries, with the only exception of rural areas in Peru where price increases are only felt by 58% of migrants compared to 77% in urban areas. Female respondents in Ecuador also felt a higher price increase (85%) compared to their male counterparts (69%).

The use of preventive measures, such as the lockdown of main economic activities, had a major impact on food shops and markets. In fact, 46% of migrants interviewed stated that they can rely only on few food shops. Only half (50%) are found to be always open, while 4% reported a full closure. Ecuador reported the highest closure of food shops/markets (52%) followed by Peru (47%) and Colombia (40%).

During the two weeks prior to the survey, 80% experienced difficulties accessing the markets. Fear to go out due to the disease outbreak (25%), limitations of movement (13%) and security concerns (11%), were reported as the top three limitations, with some differences by country, as shown in Figure 6.

Limitations of movement were particularly felt by Venezuelan migrants in Colombia, while rural respondents reported higher difficulties in accessing markets and food shops due to long distances (10%) compared to urban areas (4%).

It is probably because of these limitations that 71% stockpiled food. This stock lasts, in the majority of the cases, one week or less (33%). The remaining, reported a duration of two/three weeks (20%) or more than a month (17%). Only 7% said that it was not needed, while 22% claimed they could not afford buying larger quantities of food. Rural areas show a consistent lower capacity to build food reserves (64%) compared to cities (72%) in the three countries (Figure 7). No major differences are observed between males and females in this regard.

Figure 6: main limitations to access the markets

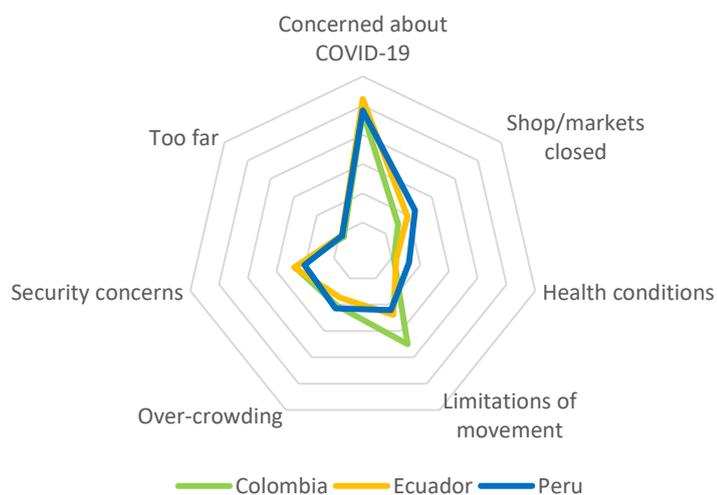
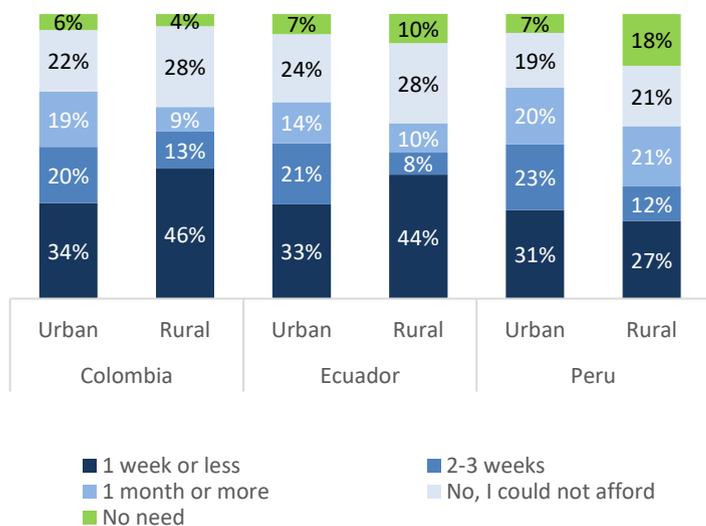
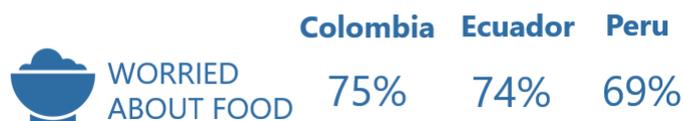


Figure 7: capacity to build food reserves by country (urban/rural)



FOOD CONSUMPTION

The analysis found that **7 out of 10 Venezuelan migrants (72%) felt worried about not having enough food** to eat during the previous 30 days, which represents a substantial increase compared to the previous rounds (2019: 61%, 2020: 62%).



This fear was equally felt by females and male migrants. Conversely, migrants in urban areas (74%) expressed higher concerns in this regard compared to those in rural settings (61%), particularly in Ecuador and Peru.

At the time of data collection, food consumption patterns show that the share of migrants that consumed only one meal or did not eat at all during the day before the interview increased by 2.5 times compared to the pre-COVID-19 period, passing from 12 percent to 30%.

Figure 8: trend of number of meals consumed during the previous day by country

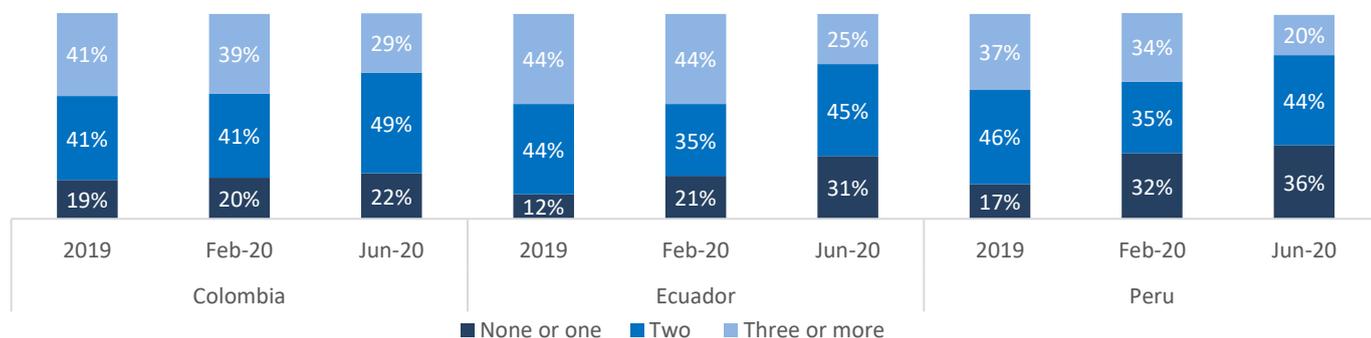
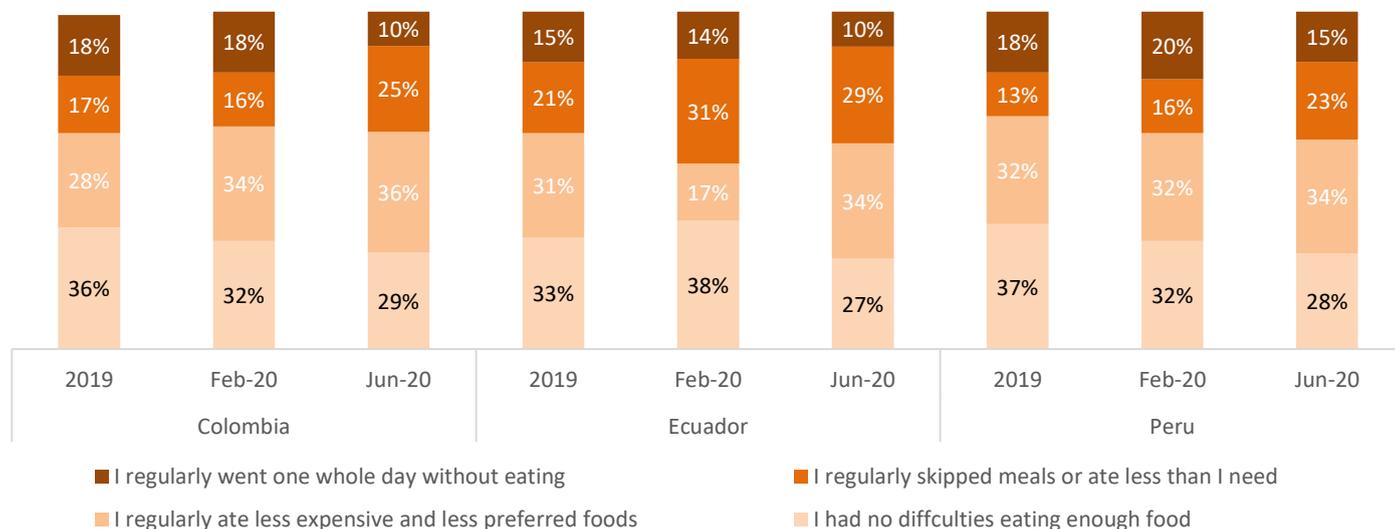


Figure 8 shows how the number of migrants consuming only one meal or not eating at all increased in all the countries of study over time, with Ecuador registering the highest increase, from 21% to 31%.

Migrants in rural areas continue to report lower levels of consumption (63%) compared to those living in (peri) urban areas (71%). The highest difference was again found in Ecuador where the share of migrants consuming only one or no meals reaches 46% compared to 28% in (peri) urban areas. Minor differences were also observed when comparing females (73%) and males (68%), with the latter reporting slightly lower numbers of meals consumed.

Figure 9: use of food coping strategies by country over time



When analyzing the perceived food situation, the study found that the usage of food-related coping strategies remains to be common among the migrant population. Data show that, overall, 12% regularly went one whole day without eating during the previous month. Overall, nearly three out of four respondents (72%) are resorting to coping strategies affecting food consumption. The majority (35%) relies on less expensive/less preferred food. An additional 38% adopts strategies that directly affect the quantity of food consumed, namely by skipping meals (26%) or spending a whole day without eating (12%). Migrants in rural areas continue to show higher usage of food-coping strategies (81%) compared to those in (peri) urban areas (71%). A slightly higher use was also reported by female respondents (76%) compared to males (70%).

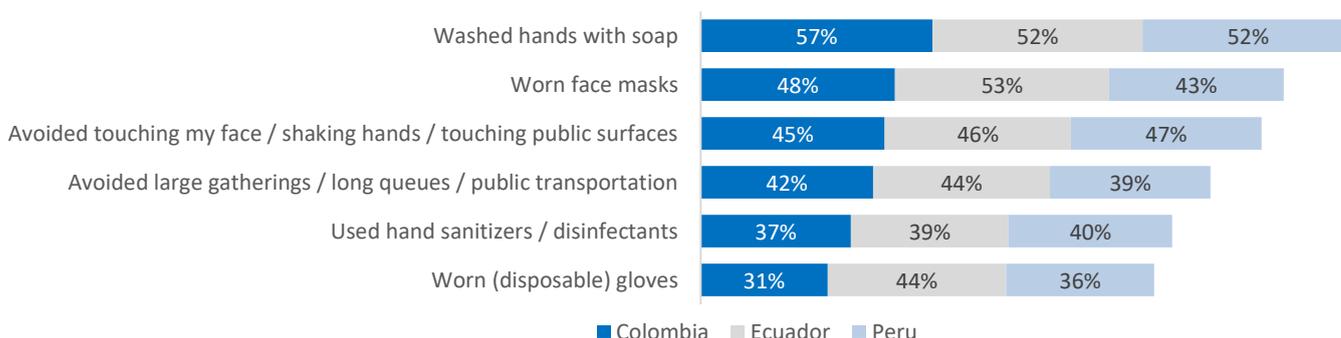
In comparison with the pre-COVID-19 emergency (67%), a higher share of migrants resorted to the use of food-related coping strategies (72%). Figure 9 shows how the share of those claiming having difficulties eating enough food significantly increased across the three rounds of data collection.

This situation is highly dynamic and must be continuously monitored as migrants could further exhaust in the long run the possibility to adopt coping strategies to limit the consequences of the outbreak and to keep food consumption to an acceptable level.

HEALTH

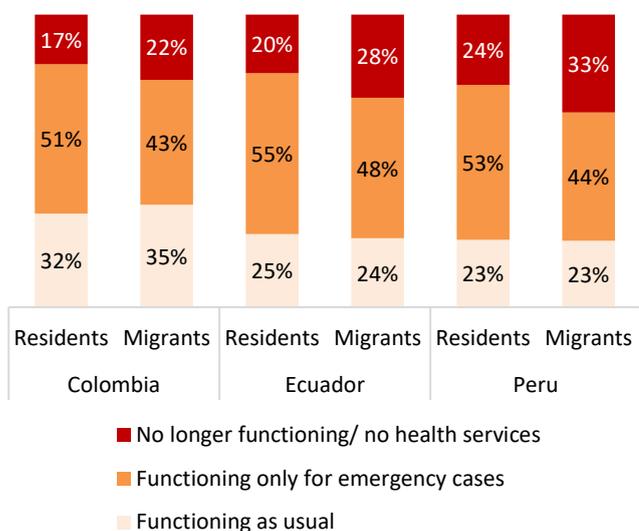
The pandemic put health systems in Colombia, Ecuador and Peru under a severe strain and forced people to redefine their health practices. Around nine out of ten (88%) migrants put in place protective measures to contain the spread of the virus. Washed hand with soap, wearing face masks and avoid contact represent the top three measures adopted, with some differences by country, as shown in Figure 10.

Figure 10: use of food coping strategies by country over time



Females and males show a similar pattern in the use of preventive measures, while migrants in rural areas reported significantly lower levels of use. This might be partially explained by the fact that a higher share of migrants in rural areas claimed that hygiene items are no longer available (17%) compared to those in (peri) urban areas (11%). Overall, the majority (54%) reported only a partial availability of hygiene items. They are found to be always available only in 33% of the cases, with the remaining 12% being no longer available.

Figure 11: availability of health services by country (Residents and Migrants)



Access to health services has also changed as a result of the pandemic. It was found that nearly half of the migrants interviewed (45%) can access health facilities only for emergencies, with only 27% of the structures functioning as usual. In 12% of the cases health facilities are not functioning at all, while 16% reported a total absence of health services. In rural areas there is a higher likelihood that health facilities are no longer functioning or absent (42%) compared to urban settings (26%). In Colombia this was also observed when comparing female migrants (28%) with their male counterparts (18%).

Interestingly, when compared to residents' responses, migrants perceived⁷ a lower access to those services, as illustrated in Figure 11. Migrant status might be a potential explanation affecting their access to public health services, treatments, which might expose Venezuelan migrants to a greater extent to many of the vulnerabilities that characterize this emergency.

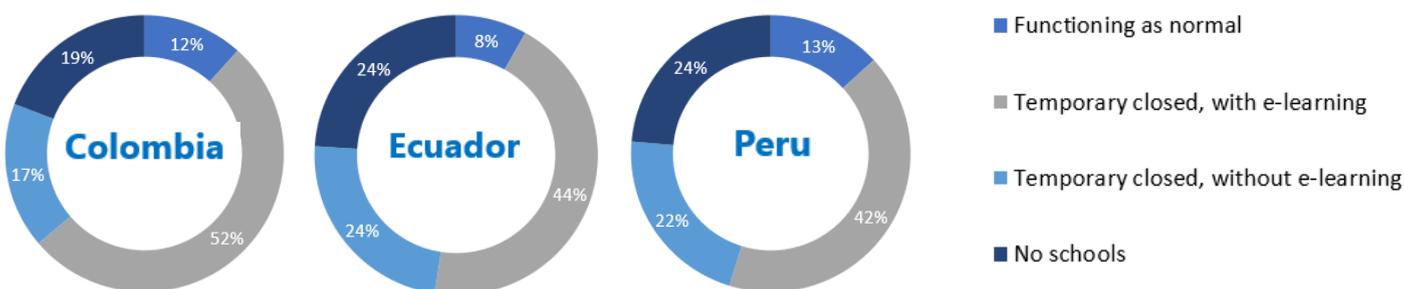
EDUCATION

To slow down the spread of COVID-19, governments have mandated school closure, thus leaving a record number of children out of schools.

Data show that nearly all education activities (89%) are not functioning as normal. Overall, 46% have activated e-learning, while 21% of schools have fully stopped teaching activities.



Figure 12: education activities by country



LIVELIHOODS

The economic consequences of the pandemic are having a severe impact on the ability of migrants to earn a living and meet their essential needs. The analysis found that seven out of ten (71%) Venezuelan migrants experienced a decrease in their income due to the COVID-19 outbreak, with no major differences among the countries.

Similar findings were also observed for the resident population, indicating that COVID-19 negatively impacted the economy as a whole.

⁷ This comparison is only indicative as it is based on reported perceptions. Additionally, the number of respondents interviewed differs between the two groups.

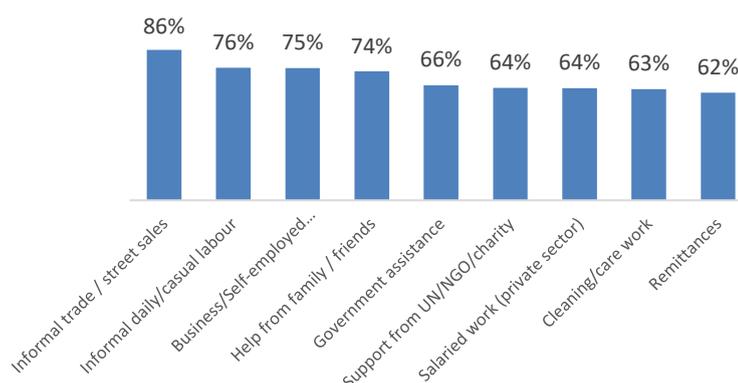
Migrants interviewed rely to a greater extent (48%) on unsustainable income sources, such as informal activities and assistance, than residents (34%). This share reaches 50% in Peru. An additional 17% is unemployed, with highest shares among female respondents (20% against 14% for males). Finally, 24% relies on formal employment namely salaried work in the private (12%) and public (6%) sector or self-businesses (6%)⁸.

Figure 13 shows how livelihoods have been widely disrupted especially for those relying on informal activities, which registered the highest decrease of income during the pandemic.

The crisis has also changed the dynamics inside the household. The amount of unpaid work, such as taking care of the house and/or of the children, has increased for 77% of the respondents. The analysis by sex of respondent shows that 23% of male respondents are now performing domestic duties that were not used to do before the lockdown measures, such as the shopping of food and other essential goods

From a social-protection perspective, 35% claimed having received assistance since the beginning of the outbreak. The assistance was mainly received from NGOs (8%), UN Agencies (6%) and from the government (7%). An additional 15% was received from churches (7%), private companies (6%) and other sources (2%). Rural areas reported higher assistance levels (41%) compared to migrants in (peri) urban areas (35%), particularly received from churches (12%).

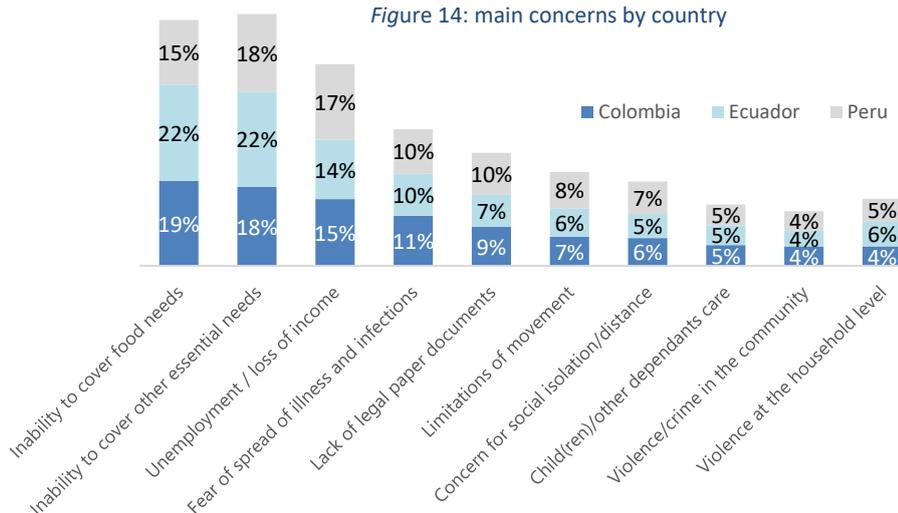
Figure 13: % of migrants experiencing a decrease of income by each income source



MAIN CONCERNS

Respondents were asked what their main concern was since the outbreak of COVID-19. In line with the results of the previous sections, the inability to cover food (19%) and other essential needs (19%) represents the most mentioned concern (38%). This concern reaches its highest share in Ecuador (44%). The second major concern is the loss of income (15%), as a direct consequence of the economic effect of the pandemic. Follows, the fear of spreading of the virus (10%). Migrants also raised among their main concerns the fear of not having access to services due to the migrant status and the lack of legal documents (9%), which could severely jeopardize their access to public services and the ability to satisfy their essential needs. Figure 14 illustrates the main concerns reported by migrants living in the three countries.

Figure 14: main concerns by country



IN THE WORDS OF RESPONDENTS

The survey also allowed migrants to give more insights about the measures that are being put in place to cope with the current situation and how they are managing to meet their essential needs since the outbreak of COVID-19.

The analysis of more than 600 responses highlights an underlying feeling of anxiety and fear, as well as uncertainty about the future, as livelihoods and sources of income have been largely disrupted.

Other topics include the adaptation to a 'new life' not only from the point of view of the preventive health measures to be observed but also on the re-organization of family life and psychological wellbeing.

"I am putting in place all the necessary measures to fight COVID-19. I do a late breakfast and I have lunch at 6 pm because I cannot cover three meals per day. I am only buying indispensable things..."

Venezuelan migrant in Ecuador (female, 31 yo)

"We sold our belongings to raise some money and buy something to eat. We lost our jobs and we do not have any other source of income. We are living thanks to the help of friend and neighbours that are giving us some food to eat..."

Venezuelan migrant in Colombia (male 28 yo)